

L18000225395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

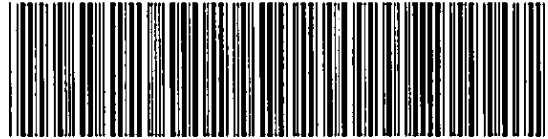
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800342101898

03/25/20--01005--023 \*\*75.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2020 MAR 25 AM 11:57

FILED

APR 07 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Repts on a Mission, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Austin Riddaugh

\_\_\_\_\_  
(Contact Person)

Repts on a Mission, LLC

\_\_\_\_\_  
(Firm/Company)

37403 Church Avenue

\_\_\_\_\_  
(Address)

Dade City, FL 33525

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Austin Riddaugh

\_\_\_\_\_  
(Name of Contact Person)

352 999-1318  
at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

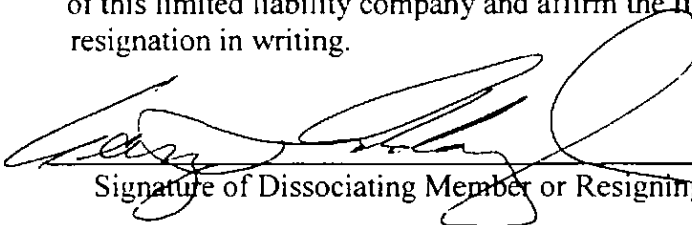
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Reps on a Mission, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000225395

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 1, 2020

4. I, Gary Riddaugh, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2020 MAR 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED